

111TH CONGRESS
1ST SESSION

H. R. 3675

To improve the quality and cost effectiveness of cancer care to Medicare beneficiaries by establishing a national demonstration project.

IN THE HOUSE OF REPRESENTATIVES

SEPTEMBER 30, 2009

Mr. DAVIS of Alabama (for himself, Ms. KILROY, Mr. ISRAEL, Mr. COURTNEY, and Mr. SCHIFF) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To improve the quality and cost effectiveness of cancer care to Medicare beneficiaries by establishing a national demonstration project.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “National Quality Can-
5 cer Care Demonstration Project Act of 2009”.

6 **SEC. 2. FINDINGS.**

7 Congress finds the following:

1 (1) In order to ensure the delivery of quality,
2 cost-efficient medical care to patients with cancer,
3 Medicare should reinforce and expand the use of evi-
4 dence-based guidelines and the provision of dem-
5 onstrated quality delivery of care through adjust-
6 ments in the payment system.

7 (2) An Institute of Medicine report entitled
8 “Ensuring Quality Cancer Care” recommends that
9 the following items are essential components in qual-
10 ity cancer care delivery:

11 (A) An agreed-upon treatment plan that
12 outlines the goals of care.

13 (B) Access to clinical trials.

14 (C) Policies to ensure full disclosure of in-
15 formation about appropriate treatment options
16 to patients.

17 (D) A mechanism to coordinate services.

18 (3) According to the Institute of Medicine, the
19 quality of cancer care must be measured by using a
20 core set of quality measures. Cancer care quality
21 measures should be used to hold providers, including
22 health care systems, health plans, and physicians,
23 accountable for demonstrating that they provide and
24 improve quality of care.

1 (4) In its report, “From Cancer Patient to
2 Cancer Survivor: Lost in Transition”, the Institute
3 of Medicine recommended that individuals with can-
4 cer completing primary treatment be provided a
5 comprehensive summary of their care along with a
6 follow-up survivorship plan of treatment.

7 (5) The medical literature suggests that adher-
8 ence to quality metrics and evidence-based guidelines
9 help lower costs by reducing use of physician serv-
10 ices, hospitalizations, and supplemental and expen-
11 sive drugs.

12 (6) Although treatment planning and follow-up
13 cancer care planning are recognized critical compo-
14 nents of cancer care, none of the 153 quality meas-
15 ures in the Centers for Medicare & Medicaid Serv-
16 ices (CMS) 2009 Physician Quality Reporting Initia-
17 tive (PQRI) addresses overall treatment planning or
18 follow-up care planning for cancer patients.

19 **SEC. 3. MEDICARE QUALITY CANCER CARE DEMONSTRA-**
20 **TION PROJECT.**

21 (a) ESTABLISHMENT.—The Secretary of Health and
22 Human Services (in this section referred to as the “Sec-
23 retary”) shall establish a quality cancer care demonstra-
24 tion project under this section (in this section referred to
25 as the “QCCD project”) for the purpose of establishing

1 quality metrics and aligning Medicare payment incentives
2 in the areas of treatment planning and follow-up cancer
3 care planning for Medicare beneficiaries with cancer.

4 (b) TEST METRICS AND REPORTING SYSTEMS
5 THROUGH A PAY-FOR-REPORTING INCENTIVE PRO-
6 GRAM.—Under the QCCD project, the Secretary shall do
7 the following:

8 (1) Identify and address gaps in current quality
9 measures related to the areas of active treatment
10 planning and follow-up cancer care planning by re-
11 fining the performance measures described in para-
12 graphs (1) and (2) of subsection (d) relating to ac-
13 tive treatment planning and follow-up cancer plan-
14 ning for clinician-level reporting.

15 (2) Use quality assessment programs of oncol-
16 ogy professional societies to report quality data to
17 the extent feasible and explore the potential to re-
18 port quality data through other registries and other
19 electronic means for treatment planning and follow-
20 up cancer care planning, including identifying data
21 elements necessary to measure quality of treatment
22 planning and follow-up cancer care planning and de-
23 termine how those elements could be collected
24 through claims data or registries or other electronic
25 means.

1 (3) Test and validate identified treatment plan-
2 ning and follow-up cancer care planning quality
3 measures through a pay-for-reporting program with
4 oncologists, which program—

5 (A) ensures that oncologists are able to ac-
6 curately report on measures through simple
7 HCPCS coding mechanisms; and

8 (B) tests processes of submitting treat-
9 ment planning and follow-up cancer care plan-
10 ning measures through registries or other elec-
11 tronic means.

12 (c) INCENTIVE PAYMENT.—

13 (1) IN GENERAL.—Under the QCCD project,
14 the Secretary shall provide for a separate payment
15 under section 1848 of the Social Security Act (42
16 U.S.C. 1395w–4), to be divided into a baseline pay-
17 ment amount and an additional payment amount, as
18 specified by the Secretary, for a treatment planning
19 code and follow-up cancer care planning code. The
20 amount of such payments under the project shall be
21 designed to total \$300,000,000 each year. Payments
22 under the project shall be designed to be paid on an
23 ongoing basis as claims are submitted.

24 (2) REQUIREMENT TO SATISFY BASELINE MAN-
25 DATORY MEASURES TO RECEIVE BASELINE PAY-

MENT.—In order for a physician to receive any payment under the QCCD project for treatment planning or follow-up cancer care planning, a physician must report in a manner specified under the project that all of the baseline mandatory measures described in paragraph (1)(A) or (2)(A), respectively, of subsection (d) were satisfied.

(3) REQUIREMENT TO SATISFY ALL MEASURES TO RECEIVE ADDITIONAL PAYMENT.—In order for a physician to receive the additional payment amount described in paragraph (1) under this subsection for treatment planning or follow-up cancer care planning, a physician must report in a manner specified under the project that all of measures described in paragraph (1) or (2), respectively, of subsection (d) were satisfied.

(d) MEASURES.—

(1) TREATMENT PLANNING MEASURES.—The specific measures related to treatment planning and any subsequent modifications described in this paragraph are as follows:

(A) BASELINE MANDATORY MEASURES.—

(i) Documented pathology report.

(ii) Documented clinical staging prior to initiation of first course of treatment.

1 (iii) Performed treatment education
2 by oncology nursing staff.

3 (iv) Provided the patient with a writ-
4 ten care plan for patients in active treat-
5 ment, which advises patient of relevant op-
6 tions.

7 (B) AUGMENTED.—

8 (i) Implemented practice-endorsed
9 treatment plan consistent with nationally
10 recognized evidence based guidelines.

11 (ii) Documented clinical trial dis-
12 cussed with the patient, or that no clinical
13 trial available.

14 (iii) Documented discussion or coordi-
15 nation with other physicians involved in
16 the patient's care.

17 (2) FOLLOW-UP CANCER PLANNING.—The spe-
18 cific measures related to follow-up cancer planning
19 described in this paragraph are as follows:

20 (A) BASELINE MANDATORY.—

21 (i) Documented conclusion of primary
22 cancer care treatment.

23 (ii) Documented session with the pa-
24 tient to provide recommendations for the

1 subsequent care of the patient with respect
2 to the cancer involved.

3 (B) AUGMENTED.—Provision of a written
4 document to the patient that—

5 (i) describes the elements of the com-
6 pleted primary treatment, including past
7 symptom management, furnished to such
8 patient;

9 (ii) provides recommendations for the
10 subsequent care of the patient with respect
11 to the cancer involved;

12 (iii) is furnished to the individual in
13 person within a period specified by the
14 Secretary that is as soon as practicable
15 after the completion of such primary treat-
16 ment; and

17 (iv) is furnished, to the greatest ex-
18 tent practicable, in a form that appro-
19 priately takes into account cultural and
20 linguistic needs of the individual in order
21 to make the plan accessible to the indi-
22 vidual.

23 (e) DURATION OF PROJECT.—

24 (1) IN GENERAL.—The Secretary shall conduct
25 the demonstration project over a sufficient period (of

1 not less than 2 years) to allow for refinement of
2 metrics and reporting methodologies and for anal-
3 yses. The project shall continue, subject to para-
4 graph (2), to operate until the Secretary has devel-
5 oped and implemented under part B of the Medicare
6 program a payment system that relates payment
7 under such part for professional oncology services to
8 performance on measures developed and refined
9 under the demonstration project.

10 (2) TRANSITION.—The Secretary shall provide
11 for a transition period over the course of 2 years
12 during which oncologists are permitted to transition
13 from the payment system under the demonstration
14 project to the payment system described in para-
15 graph (1).

16 (f) PROJECT EVALUATION.—

17 (1) IN GENERAL.—The Secretary shall conduct
18 an evaluation of the QCCD project—

19 (A) to determine oncologist participation in
20 the project;

21 (B) to assess the cost effectiveness of the
22 project, including an analyses of the cost sav-
23 ings (if any) to the Medicare part A and B pro-
24 grams resulting from a general reduction in

1 physician services, hospitalizations, and supple-
2 mental care drug costs;

3 (C) to compare outcomes of patients par-
4 ticipating in the project to outcomes for those
5 not participating in the project;

6 (D) to determine the satisfaction of pa-
7 tients participating in the project; and

8 (E) to evaluate other such matters as the
9 Secretary determines is appropriate.

10 (2) REPORTING.—Not later than 90 days after
11 the completion of the second year following the com-
12 mencement of the QCCD project, the Secretary shall
13 submit to Congress a report on the evaluation con-
14 ducted under paragraph (1) together with such rec-
15 ommendations for legislation or administrative ac-
16 tion as the Secretary determines is appropriate.

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